

dlr Haw

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

County St. Francois

Township Boone

City Booneville

Registration District No. 775

Primary Registration District No. 6020-A

File No. 38700

Registered No. 78

2. FULL NAME

(a) Residence, No. Booneville 7750

(Usual place of abode)

Ward 7

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
(DIVORCED (write the word))

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Gray Courtney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 11, 1870

7. AGE

YEARS

66

MONTHS

11

DAYS

1

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Retired

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Washington Co. Missouri

FATHER

13. NAME

Theodore Courtney

MOTHER

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Poling, Valle

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St. Genevieve, Missouri

17. INFORMANT

(ADDRESS)

Mrs. Gray Courtney  
Booneville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Joseph Cem. Oct 14 37

19. UNDERTAKER

(ADDRESS)

Benham Ford Co.  
Booneville, Mo.

20. FILED Oct 14 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 12 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1 1937, to Oct. 12 1937

I last saw him alive on Oct. 12 1937 Death is said

to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis - 1935  
Coronary vascular  
disease - Aug. 1937

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marvin J. Haw, Jr., M. D.

(Address) Booneville, Mo.

